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JFW

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA , 22313-1450 on February 17, 2005
Tanya Parker

(Typed or Printed Name of Person Mailing Paper or Fee)

Tanya Parker
(Signature of Person Mailing Paper or Fee)



PATENT APPLICATION
Attorney Docket No. SUN-P6445

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)
G. William Walster) Examiner: Zhu, Jerry
Serial No. 10/017,573) Group Art Unit: 2121
Filing Date: December 13, 2001)
Title: APPLYING TERM CONSISTENCY TO AN)
EQUALITY CONSTRAINED INTERVAL)
GLOBAL OPTIMIZATION PROBLEM)

AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed January 19, 2005.
- ☐ A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and ___ references.
- ☒ No additional claims fees are required.

☐ An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDTL FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- ☐ A check in the amount of \$____ is enclosed.
☐ Charge \$____ to Deposit Account No. ____ (Docket No. ____).
☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P6445).

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Respectfully submitted,

By



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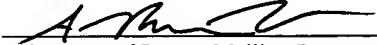
Date: February 17, 2005



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A. Richard Park

(Typed or Printed Name of Person Mailing Paper or Fee)



(Signature of Person Mailing Paper or Fee)

Application Number : 10/017,573
Applicant : G. William Walster
Filed : December 13, 2001
TC/A.U. : 2121
Examiner : Zhu, Jerry

Confirmation Number: 8135

Docket Number : SUN-P6445
Customer No. : 22,835

M/S: Box Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir

In response to the office action of **January 19, 2005**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.